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Bib Data Sheet

CONFIRMATION NO. 1517

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|--|--|----------------------|-------------------------------|--|-----------------------------------|---|--|--|--------------------------------------|---------------------------------|
| SERIAL NUMBER 09/917,937 | FILING DATE 07/31/2001 RULE | CLASS 455 | GROUP ART UNIT 2681 | ATTORNEY DOCKET NO. 110275-120 US1 | | | | | | |
| APPLICANTS James W. Morton, Charlotte, NC; William T. Brown, Celine, OH; | | | | | | | | | | |
| ** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/222,036 07/31/2000 <i>S.J.</i> | | | | | | | | | | |
| ** FOREIGN APPLICATIONS ***** <i>None S.J.</i> | | | | | | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/06/2001 | | | | | | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY NC | SHEETS DRAWING 13 | TOTAL CLAIMS 22 | INDEPENDENT CLAIMS 2 | | | | | | |
| ADDRESS 24395 | | | | | | | | | | |
| TITLE Communication system with wireless electronic mail or messaging integrated and/or associated with application program residing on remote computing device | | | | | | | | | | |
| FILING FEE RECEIVED 746 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: <table border="1"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees (Issue)</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Credit</td> </tr> </table> | | | | <input type="checkbox"/> All Fees | <input type="checkbox"/> 1.16 Fees (Filing) | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) | <input type="checkbox"/> 1.18 Fees (Issue) | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Credit |
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| <input type="checkbox"/> Other _____ | | | | | | | | | | |
| <input type="checkbox"/> Credit | | | | | | | | | | |